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FEC FORM 3X

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines California Medical Association Political Action Committee - Federal 1201 J Street, Suite 375 ADDRESS (number and street) Check if different than previously Sacramento CA 95814 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00003194 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 28 2006 12 3 1 2006 1 1 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Thelma Korpman, MD Type or Print Name of Treasurer Electronically Filed by Thelma Korpman, MD 0 1 8 0 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003)

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name California Medical Association Political Action Committee - Federal D D " D 28 12 2006 3 1 2006 1.1 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand [°]2006 122449.41 January 1 (b) Cash on Hand at 179022.90 Begining of Reporting Period 18174.46 148794.44 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 197197.36 271243.85 6(a) and 6(c) for Column B) 17050.00 91096.49 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 180147.36 180147.36 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission

999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

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2006

Write or Type Committee Name

California Medical Association Political Action Committee - Federal

Report Covering the Period: From:

I. Receipts		I. Receipts COLUMN A Total This Period	
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	6466.73	55749.23
	(ii) Unitemized	11564.69	85369.80
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	18031.42	141119.03
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	18031.42	141119.03
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Ο.	to Federal candidates and Other Political Committees	0.00	6766.52
7.	Other Federal Receipts (Dividends, Interest, etc.)	143.04	908.89
8.			
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	18174.46	148794.44
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	18174.46	148794.44

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating		
	Expenditures	0.00	0.00
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2.	Transfers to Affiliated/Other Party		
	Committees	17050.00	90675.13
	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
	Independent Expenditure		
	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
i.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
5.	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
		0.00	0.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	421.36
1	Federal Election Activity (2 U.S.C 431(20))		
<i>,</i> .	(a) Shared Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	17050.00	91096.49
<u>2</u> .	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)		91096.49
	from Line 31)	17050.00	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	18031.42	141119.03
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18031.42	141119.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 20 (check only one) X 11a
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) California Medical Association Political A	ction Com	nmittee - Federal	
۹.	Full Name (Last, First, Middle Initial) David Aizuss			Date of Receipt
	Mailing Address 16311 VENTURA BLVD S	STE 750		12 18 2006
	City ENCINO	State CA	Zip Code 91436	Transaction ID: INC:A:16760 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer OPTHAMOLOGY ASSOCIATES of the VALLEY Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIA Aggregate		
3.	Full Name (Last, First, Middle Initial) David Aizuss Mailing Address 16311 VENTURA BLVD S	STE 750		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City ENCINO	State CA	Zip Code 91436	Transaction ID: INC:A:16526 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	31400	50.00
	Name of Employer OPTHAMOLOGY ASSOCIATES of the VALLEY Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIA Aggregate		
	Full Name (Last, First, Middle Initial) Joanne Berkowitz			Date of Receipt
	Mailing Address 125 43RD ST			1 2 1 8 2 0 0 6
	City SACRAMENTO	State CA	Zip Code 95819	Transaction ID: INC:A:16759 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Joanne Berkowitz, MD	Occupation PHYSICIA		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 200.00	
s	UBTOTAL of Receipts This Page (optional)			400.00
			·	

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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 20 (check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any person	on for the purpose of soliciting contributions
\	NAME OF COMMITTEE (In Full)	arro arra ada	Tool of any political committee to	CONTRACTOR IN CONTRACTOR IN CONTRACTOR
\rangle	California Medical Association Political	Action Com	nmittee - Federal	
Α.	Full Name (Last, First, Middle Initial) Joanne Berkowitz			Date of Receipt
	Mailing Address 125 43RD ST			1 2 1 8 2 0 0 6
	City	State	Zip Code	Transaction ID: INC:A:16537
	SACRAMENTO	CA	95819	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Joanne Berkowitz, MD	Occupation PHYSICIA		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		200.00	
		0 0		
В.	Full Name (Last, First, Middle Initial) Ilena Blicker			Date of Receipt
	Mailing Address 435 ARDEN AVE STE 5	40		12 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: INC:A:16519
	GLENDALE	CA	91203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer Ilena Blicker, MD	Occupation PHYSICIA		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1062.50	
<u> </u>	Full Name (Last, First, Middle Initial) Jack Bruner			Date of Receipt
	Mailing Address 95 SCRIPPS DR			12 21 2006
	City	State	Zip Code	Transaction ID: INC:A:16543
	SACRAMENTO	CA	95825	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer The Plastic Surgery Center	Occupation PHYSICIA		
	Receipt For:	Aggregate	Year-to-Date ▼	.
	Primary General Other (specify) ▼		550.00	
_				1
				125.00
s	UBTOTAL of Receipts This Page (optional)		·····	125.00

SCHEDIII E A /EEC Form 2V)				FOR LINE NUMBER: PAGE 8 / 20	
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)	
ΙT	EMIZED RECEIPTS	or each category of the		X 11a 11b 11c 12	
			Detailed Summary Page	13 14 15 16 17	
۸r	y information copied from such Reports and Sta	atomonte mov	rnot be cold or used by any pers		
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)		·		
$ \rangle$	California Medical Association Political	Action Con	nmittee - Federal		
_	Full Name (Last, First, Middle Initial)				
Α.	Jack Bruner			Date of Receipt	
	Mailing Address 95 SCRIPPS DR			M M / D D / Y Y Y Y	
	0::		7' 0 1	12 21 2006	
	City	State	Zip Code	Transaction ID: INC:A:16764	
	SACRAMENTO	CA	95825	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		350.00	
	federal political committee.	0			
	Name of Employer	Occupation	1	\dashv	
	Name of Employer The Plastic Surgery Center	PHYSICI			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	00 0		7	
	Other (specify)		550.00		
				"	
	Full Name (Last, First, Middle Initial)				
В.	Boyd Flinders			Date of Receipt	
	Mailing Address 2701 W Alameda Ave S	Ste 507		M M / D D / Y Y Y Y Y	
	211	01-1-	7'- 0-4-	12 08 2006	
	City	State	Zip Code	Transaction ID: INC:A:16523	
	Burbank	CA	91505	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		25.00	
	federal political committee.	9			
	Name of Employer Boyd Flinders, MD	Occupation	1	7	
	Boyd Flinders, MD	PHYSICI	AN		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	1 1	040.50	7	
	Other (specify) ▼		212.50		
_	Full Name (Last, First, Middle Initial)			Data of Descript	
C.	Victor Hough Mailing Address 1225 10th Ave			Date of Receipt	
	Mailing Address 1225 10th Ave			12 18 2006	
	City	State	Zip Code	Transaction ID: INC:A:16754	
	Sacramento	CA	95818	Amount of Each Receipt this Period	
	FEC ID number of contributing		1 1 1 1 1 1		
	federal political committee.	C		100.00	
	Name of Employer Victor Hough, MD	Occupation			
		PHYSICI			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		200.00	11	
	Other (specify)	0 0	200.00	1	
_					
				475.00	
S	UBTOTAL of Receipts This Page (optional)			475.00	
\vdash				-	

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 9 / 20
`			Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
			Detailed Carrinary Fage	13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and ado	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	California Medical Association Political	Action Con	nmittee - Federal	
Α.	Full Name (Last, First, Middle Initial) Victor Hough			Date of Receipt
	Mailing Address 1225 10th Ave			12 18 2006
	City	State	Zip Code	Transaction ID: INC:A:16595
	Sacramento	CA	95818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Victor Hough, MD	Occupation PHYSICI.		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		200.00	
				•
В.	Full Name (Last, First, Middle Initial) Paul Kirz			Date of Receipt
	Mailing Address PO Box 2873			12 18 2006
	City	State	Zip Code	Transaction ID: INC:A:16765
	Fullerton	CA	92837	Amount of Each Receipt this Period
	FEC ID number of contributing		U U U U U	
	federal political committee.	C		900.00
	<u> </u>			
	Name of Employer Paul Kirz, MD	Occupation		
		PHYSICI		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		1700.00	
	☐ Other (specify) ▼		1 1 1 1 1 1 1 1	
— С.	Full Name (Last, First, Middle Initial) Paul Kirz			Date of Receipt
٠.	Mailing Address PO Box 2873			M M / D D / Y Y Y Y
	The man g / tea / 65 T O DOX 2073			12 18 2006
	City	State	Zip Code	Transaction ID: INC:A:16613
	Fullerton	CA	92837	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		50.00
	Name of Employer Paul Kirz, MD	Occupation PHYSICIA		
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	1	1700.00	
				1
ا و	UBTOTAL of Receipts This Page (optional)			1000.00
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 20	
ITEMIZED RECEIPTS			or each category of the	(check only one)
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or	y information copied from such Reports and Sta for commercial purposes, other than using the n	solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	California Medical Association Political	Action Con	nmittee - Federal	
Α.	Full Name (Last, First, Middle Initial) Milton Kolchins			Date of Receipt
	Mailing Address 5400 Balboa Blvd #105			12 08 2006
	City	State	Zip Code	Transaction ID: INC:A:16451
	Encino	CA	91316	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		8.33
	Name of Employer Milton Kolchins, MD	Occupation PHYSICI.		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		216.68	
	Other (specify) ▼	0 0	0 0 0 0 0 0	
В.	Full Name (Last, First, Middle Initial) Milton Kolchins			Date of Receipt
	Mailing Address 5400 Balboa Blvd #105			12 08 7 2006
	City	State	Zip Code	Transaction ID: INC:A:16452
	Encino	CA	91316	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		8.33
	Name of Employer Milton Kolchins, MD	Occupation PHYSICI.		
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General		010.00	
	Other (specify) ▼	0 0	216.68	
C.	Full Name (Last, First, Middle Initial) Milton Kolchins			Date of Receipt
	Mailing Address 5400 Balboa Blvd #105			12 21 2006
	City	State	Zip Code	Transaction ID: INC:A:16495
	Encino	CA	91316	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			8.37
	Name of Employer Milton Kolchins, MD	Occupation PHYSICI.		
	Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General			216.68	
	Other (specify)	0 0	0 0 0 0 0 0 0	
s	UBTOTAL of Receipts This Page (optional)			25.03
\vdash			·	
T	OTAL This Period (last page this line number or			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER	R: PAGE 11/20
	EMIZED RECEIPTS		or each category of the	(check only one)	
••	LIVIIZED HEGEII 10		Detailed Summary Page	X 11a 11b	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Ar	y information copied from such Reports and State	ements may	not be sold or used by any perso		
or	y information copied from such Reports and State for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from	m such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)				
\rangle	California Medical Association Political A	ction Con	nmittee - Federal		
۹.	Full Name (Last, First, Middle Initial) Howard Krauss			Date of Receipt	
	Mailing Address 11645 WILSHIRE BLVD	STE 600		12	
	City	State	Zip Code	Transaction ID:	NC:A:16766
	LOS ANGELES	CA	90025	Amount of Each F	Receipt this Period
	FEC ID number of contributing federal political committee.	C			900.00
	Name of Employer SO. CAL. OPTHAMOLOGY & SU- RGICAL ASSOCI	Occupation PHYSICI			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		1700.00		
 3.	Full Name (Last, First, Middle Initial) Howard Krauss			Date of Receipt	
	Mailing Address 11645 WILSHIRE BLVD	STE 600		M M / D 1	
	City	State	Zip Code	Transaction ID:	NC:A:16618
	LOS ANGELES	CA	90025	Amount of Each F	Receipt this Period
	FEC ID number of contributing federal political committee.	С			50.00
	Name of Employer SO. CAL. OPTHAMOLOGY & SU-	Occupation			
	RGICAL ASSOCI	PHYSICI		_	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify) ▼		1700.00		
) .	Full Name (Last, First, Middle Initial) Eleanor Martinez			Date of Receipt	
	Mailing Address 2504 Samaritan Dr ste 82	20		M M / D I	8 2006
	City	State	Zip Code	Transaction ID:	NC:A:16642
	San Jose	CA	95124	Amount of Each F	Receipt this Period
	FEC ID number of contributing federal political committee.	C			50.00
	Name of Employer Eleanor Martinez, MD	Occupation PHYSICI			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	350.00		
s	UBTOTAL of Receipts This Page (optional)		·····		1000.00
_	OTAL This Davied (less seems this Processes)				
- 1	OTAL This Period (last page this line number only	y)	>		

SCHEDULE A (FEC Form 3X)			Harris and a shaded of a	FOR LINE NUMBER: PAGE 12 / 20	
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)	
II EWIZED RECEIP 13			Detailed Summary Page	X 11a 11b 11c 12	
			<u> </u>	13 14 15 16 17	
Ar	ly information copied from such Reports and State for commercial purposes, other than using the na	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
Ci		anie and add	liess of any political committee to	Solicit Contributions from Such Committee.	
	NAME OF COMMITTEE (In Full)	Nation Com	omittee Federal		
	California Medical Association Political A	ACTION CON	imillee - Federai		
Α.	Full Name (Last, First, Middle Initial) Frank Navarro			Date of Receipt	
	Mailing Address 1201 J Street			M M / D D / Y Y Y Y	
	City	Ctata	7in Codo	12 18 2006	
	City	State CA	Zip Code	Transaction ID: INC:A:16655	
	Sacramento	CA	95814	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		50.00	
	Name of Employer CMA	Occupation CMA State		7	
	Receipt For:		Year-to-Date ▼	_	
	Primary General			1	
	Other (specify)		400.00		
В.	Full Name (Last, First, Middle Initial) Frank Navarro			Date of Receipt	
	Mailing Address 1201 J Street			12 18 2006	
	City	State	Zip Code	Transaction ID: INC:A:16762	
	Sacramento	CA	95814	Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	C		250.00	
	Name of Employer	Occupation	1	+	
	CMA	CMA Stat			
	Receipt For:		Year-to-Date ▼		
	Primary General	00 0		1	
	Other (specify) ▼	0 0	400.00		
	Full Name (Last, First, Middle Initial)				
C.	Margaret Parsons			Date of Receipt	
	Mailing Address 5340 Elvas Ave Ste 600			12 07 2006	
	City	State	Zip Code	Transaction ID: INC:A:16763	
	Sacramento	CA	95819	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		250.00	
	federal political committee.				
	Name of Employer Margaret Parsons, MD	Occupation PHYSICIA			
	Receipt For:		Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼		400.00		
				550.00	
s	UBTOTAL of Receipts This Page (optional)		······	550.00	

SCHEDIII E A /EEC Form 2V)				FOR LINE NUMBER: PAGE 13 / 20
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar	ry information copied from such Reports and Sta	atements may	not be sold or used by any pers	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	California Medical Association Political	Action Con	nmittee - Federal	
Α.	Full Name (Last, First, Middle Initial) Margaret Parsons			Date of Receipt
	Mailing Address 5340 Elvas Ave Ste 60	0		12 07 YYYY 12006
	City	State	Zip Code	Transaction ID: INC:A:16666
	Sacramento	CA	95819	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Margaret Parsons, MD	Occupation PHYSICI		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	
	Other (specify)	0 0		1
— В.	Full Name (Last, First, Middle Initial) Kenneth Pauker			Date of Receipt
	Mailing Address 3991 MaCarthur Blvd S	te 200		M M / D D / Y Y Y Y
				12 20 2006
	City	State	Zip Code	Transaction ID: INC:A:16670
	Newport Beach	CA	92660	Amount of Each Receipt this Period
	FEC ID number of contributing	С		50.00
	federal political committee.	<u> </u>		
	Name of Employer Kenneth Pauker, MD	Occupation	n	7
	Kenneth Pauker, MD	PHYSICI	AN	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		200.00	1
	Other (specify)	0 0	200.00	1
_	Full Name (Last, First, Middle Initial) Kenneth Pauker			Date of Receipt
٥.	Mailing Address 3991 MaCarthur Blvd S	to 200		M M / D D / Y Y Y Y
	Walling Address 3591 Macaithui Bivu 3	16 200		12 20 2006
	City	State	Zip Code	Transaction ID: INC:A:16755
	Newport Beach	CA	92660	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Kenneth Pauker, MD	Occupation PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	200.00	11
	Other (specify) ▼		200.00	1
_				
				200.00
S	UBTOTAL of Receipts This Page (optional)		······	200.00
				_

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 20
ıT	EMIZED RECEIPTS		or each category of the	(check only one)
II LIVIIZED RECEIP 13			Detailed Summary Page	X 11a
_			, ,	13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)			
	California Medical Association Political	Action Con	nmittee - Federal	
Α.	Full Name (Last, First, Middle Initial) Raman Poola			Date of Receipt
	Mailing Address 18523 Corwin Road STI	EΗ		12 18 2006
	City	State	Zip Code	Transaction ID: INC:A:16756
	Apple Valley	CA	92307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Raman Poola, MD	Occupation PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	200.00	1
	Other (specify) ▼	0 0	200.00	
В.	Full Name (Last, First, Middle Initial) Raman Poola	Date of Receipt		
	Mailing Address 18523 Corwin Road STE	EΗ		12 18 2006
	City	State	Zip Code	Transaction ID: INC:A:16676
	Apple Valley	CA	92307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Raman Poola, MD	Occupation PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify)	0 0	200.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Donald Prolo			Date of Receipt
	Mailing Address 203 DI SALVO AVE			12 18 2006
	City	State	Zip Code	Transaction ID: INC:A:16757
	SAN JOSE	CA	95128	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			100.00
	Name of Employer Donald Prolo, MD	Occupation PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1850.00	
s	UBTOTAL of Receipts This Page (optional)			250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 20 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) California Medical Association Political A	Action Con	nmittee - Federal	
۹.	Full Name (Last, First, Middle Initial) Ralph Quijano Mailing Address 533 E MICHELTORENA City	ST STE 2	03 Zip Code	Date of Receipt 1 2 1 8 2 0 0 6 Transaction ID: INC:A:16677
	SANTA BARBARA	CA	93103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Ralph Quijano, MD Receipt For: Primary General Other (specify) ▼	Occupation PHYSICI Aggregate		
3.	Full Name (Last, First, Middle Initial) Ralph Quijano Mailing Address 533 E MICHELTORENA	ST STE 2	03	Date of Receipt
	City	State	Zip Code	12 18 2006
	SANTA BARBARA	CA	93103	Transaction ID: INC:A:16767 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30100	900.00
	Name of Employer Ralph Quijano, MD	Occupation PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 950.00	
 C.	Full Name (Last, First, Middle Initial) Michele Raney			Date of Receipt
	Mailing Address 223 Grand Canal			12 18 2006
	City	State	Zip Code	Transaction ID: INC:A:16682
	Newport Beach	CA	92662	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Health Care Partners Medi- cal Grp	Occupation PHYSICI	AN	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 200.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
T	OTAL This Period (last page this line number on	lv)		

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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)		FOR LINE NUMBER: PAGE 16 / 20
ITEMIZED RECEIPTS			or each category of the		(check only one)
			Detailed Summa	ary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add			y not be sold or used by any persor dress of any political committee to s	n for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full)				
\rangle	California Medical Association Political	Action Cor	nmittee - Federa	l	
Α.	Full Name (Last, First, Middle Initial) Michele Raney				Date of Receipt
	Mailing Address 223 Grand Canal				12 18 2006
	City	State	Zip Code		Transaction ID: INC:A:16683
	Newport Beach	CA	92662		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			50.00
	Name of Employer Health Care Partners Medi- cal Grp	Occupation PHYSICI			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼			200.00	
В.	Full Name (Last, First, Middle Initial) Deborah Rightmier				Date of Receipt
	Mailing Address 5046 Browndeer Ln				12 18 2006
	City	State	Zip Code		Transaction ID: INC:A:16761
	Rnch Palos Vdse	CA	90275		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			200.00
	Name of Employer Deborah Rightmier, MD	Occupation PHYSICI			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼			300.00	
<u> </u>	Full Name (Last, First, Middle Initial) Deborah Rightmier				Date of Receipt
	Mailing Address 5046 Browndeer Ln				12 18 2006
	City	State	Zip Code		Transaction ID: INC:A:16689
	Rnch Palos Vdse	CA	90275		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			50.00
	Name of Employer Deborah Rightmier, MD	Occupation PHYSICI]
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General			300.00	
	Other (specify)		0 0 0 0	300.00	
s	UBTOTAL of Receipts This Page (optional)			.	300.00

TOTAL This Period (last page this line number only)

91	CHEDIII E A (EEC Form 3Y)			FOR LINE NUMBER: PAGE 17 / 20		
SCHEDULE A (FEC Form 3X)			Use separate schedule(s) or each category of the	(check only one)		
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12		
			Dotailou Guillia, i ago	13 14 15 16 17		
Ar or	ly information copied from such Reports and Stator commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
\rangle	California Medical Association Political	Action Con	nmittee - Federal			
Α.	Full Name (Last, First, Middle Initial) Michael Rossini			Date of Receipt		
	Mailing Address 1421 OAKDALE RD ST	EΒ		12 18 2006		
	City	State	Zip Code	Transaction ID: INC:A:16768		
	MODESTO	CA	95355	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		900.00		
	Name of Employer Michael Rossini, MD	Occupation Physician				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		1550.00			
	Cure (epocus) V	0 0	1 1 1 1 1 1 1	-1		
В.	Full Name (Last, First, Middle Initial) Michael Rossini			Date of Receipt		
	Mailing Address 1421 OAKDALE RD STE B			12 18 2006		
	City	State	Zip Code	Transaction ID: INC:A:16695		
	MODESTO	CA	95355	Amount of Each Receipt this Period		
	FEC ID number of contributing		33033			
	federal political committee.	C		50.00		
	Name of Employer Michael Rossini, MD	Occupation	1			
		Physiciar				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼	'''	1550.00			
	Cuter (Specify)	0 0	0 0 0 0 0 0 0			
<u> </u>	Full Name (Last, First, Middle Initial) Michael Rossini			Date of Receipt		
	Mailing Address 1421 OAKDALE RD ST	EΒ		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: INC:A:16696		
	MODESTO	CA	95355	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		50.00		
	Name of Employer Michael Rossini, MD	Occupation Physician				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		1550.00	1		
	Other (specify)		1000.00	1		
	l			<u> </u>		
_				1000.00		
	UBTOTAL of Receipts This Page (optional))			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 20 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a
Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	Ly not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) California Medical Association Political	Action Cor	nmittee - Federal	
\angle	Full Name (Last, First, Middle Initial)			
A.	Gerald Schiff			Date of Receipt
	Mailing Address 23451 Madison St Ste	340		12 08 2006
	City	State	Zip Code	Transaction ID: INC:A:16465
	Torrance	CA	90505	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		8.33
	Name of Employer Gerald Schiff,MD	Occupatio PHYSICI		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		308.35	
В.	Full Name (Last, First, Middle Initial) Gerald Schiff			Date of Receipt
	Mailing Address 23451 Madison St Ste 340			12 21 2006
	City	State	Zip Code	Transaction ID: INC:A:16508
	Torrance	CA	90505	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		8.37
	Name of Employer Gerald Schiff,MD	Occupatio PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 308.35	
C.	Full Name (Last, First, Middle Initial) H Vincent Mailing Address 10 MIDHILL DR			Date of Receipt M M D D Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: INC:A:16758
	MILL VALLEY	CA	94941	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer H Vincent, MD	Occupatio PHYSICI	AN	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		875.00	
<u>-</u>	UBTOTAL of Receipts This Page (optional)			141.70
				6466.73

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IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS y information copied from such Reports and State for commercial purposes, other than using the results of the commercial purposes.	name and add	dress of any political committee to s	FOR LINE NUMBER: PAGE 19 / 20 (check only one) 11a 11b 11c 12 13 14 15 16 17 17 for the purpose of soliciting contributions solicit contributions from such committee.
<u>/</u> A.	California Medical Association Political Full Name (Last, First, Middle Initial) UBOC Mailing Address 700 L Street	Action Con	nmittee - Federal	Date of Receipt
	City Sacramento FEC ID number of contributing federal political committee.	State CA	Zip Code 95814	Transaction ID: INC:A:16770 Amount of Each Receipt this Period 69.10
	Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation	n e Year-to-Date ▼	Interest Income
В.	Full Name (Last, First, Middle Initial) UBOC Mailing Address 700 L Street City Sacramento	State CA	Zip Code 95814	Date of Receipt M M D D Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer	C		73.94 Interest Income
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 382.65	

		143.04
SUBTOTAL of Receipts This Page (optional)	•	143.04
TOTAL This Period (last page this line number only)	<u> </u>	143.04

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 20/20
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	y one) X 22 23 24 25 26 28a 28b 28c 29 30b
	y Information copied from such Reports and State for commercial purposes, other than using the nan			
\	NAME OF COMMITTEE (In Full)			
/	California Medical Association Political Ad	ction Committee - Federal		
	Full Name (Last, First, Middle Initial)			Transaction ID: EXP.B.16769
۹.	American Medical PAC			Date of Disbursement
	Mailing Address 1101 Vermont Avenue,	NW		12 M / D 0 5 / Y 2 0 0 6 Y
	City	State Zip Code		Amount of Each Disbursement this Period
	Washington	DC 20005		17050.00
	Purpose of Disbursement			17050.00
	Candidate Name	C	Category/ Type	
	Office Sought: House Disburs	sement For:		
	Senate	Primary General		
	President	Other (specify)		
	State: District:			

CURTOTAL of Dishura ements This Dags (entiangly	_	17050.00
SUBTOTAL of Disbursements This Page (optional)		1,7 0 0 0 1,5 0
TOTAL This Period (last page this line number only)	—	17050.00